

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

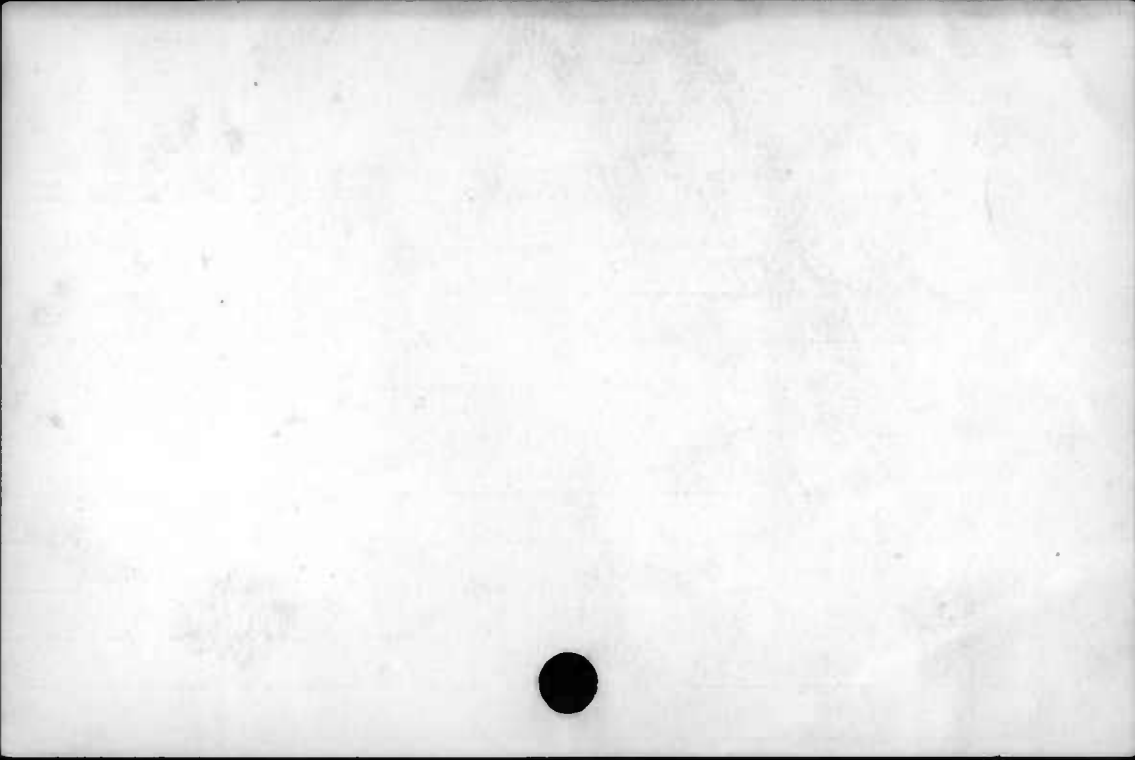
Name in Full <i>Hellen To Allen</i>		Town <i>Port-Deposit</i>		County <i> Cecil</i>		MARYLAND	
Died at <i>Port-Deposit</i>		Month <i>July</i>		Day <i>24</i>		Years <i>17</i>	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>24</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birthplace <i>Port-Deposit</i>		Months <i>6</i>	
Occupation <i>House Girl</i>		Where Residing if not at place of death				Days <i>2</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Allen</i>		Father's Birthplace <i>Port-Deposit</i>					
Mother's Maiden Name <i>Mary Toard</i>		Mother's Birthplace <i>Port-Deposit</i>					
Name of person giving information <i>Mary Allen</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Bowels</i>	How long <i>about 6 months</i>
Immediate <i>Enteritis</i>	How long <i>about 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Clemens</i>
	Address <i>Port-Deposit Md</i>
Accident or Suicide?	



Name
in
Full

Maud Amanda Bigg's

CERTIFICATE OF DEATH

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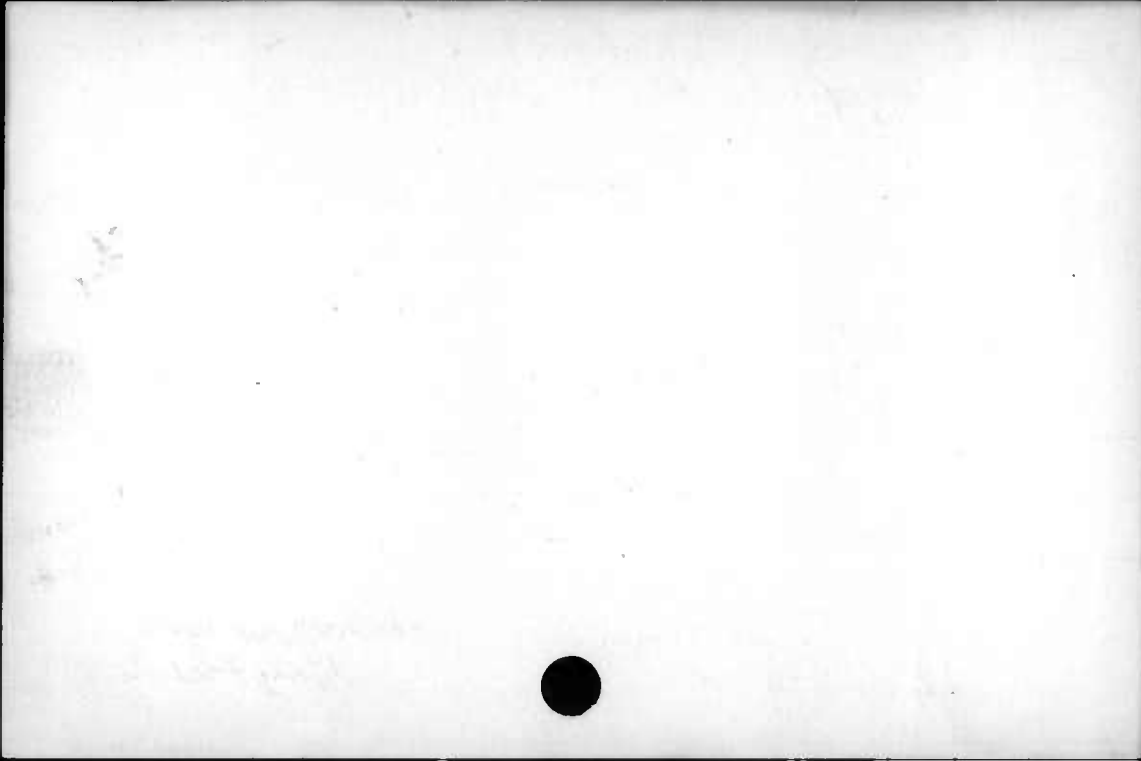
Died at <i>Chesapeake City</i> ^{Town}		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>25</i>	Age	Years	Months <i>5</i> Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Chesapeake City</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Linda Bigg's</i>				
Father's Name <i>Un known</i>	Father's Birthplace <i>—</i>		Mother's Birthplace <i>Chesapeake City</i>		
Mother's Maiden Name <i>Linda Bigg's</i>	How related to deceased <i>Grandmother</i>				
Name of person giving information <i>Mrs Samuel Bigg's</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long <i>For some time</i>
Immediate <i>convulsion</i>	How long <i>Three hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Conner, M.D.</i>
	Address <i>Chesapeake City</i>
Accident or Suicide? <i>—</i>	



Name
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Full

Robt Ellis Briscoe

CERTIFICATE OF DEATH

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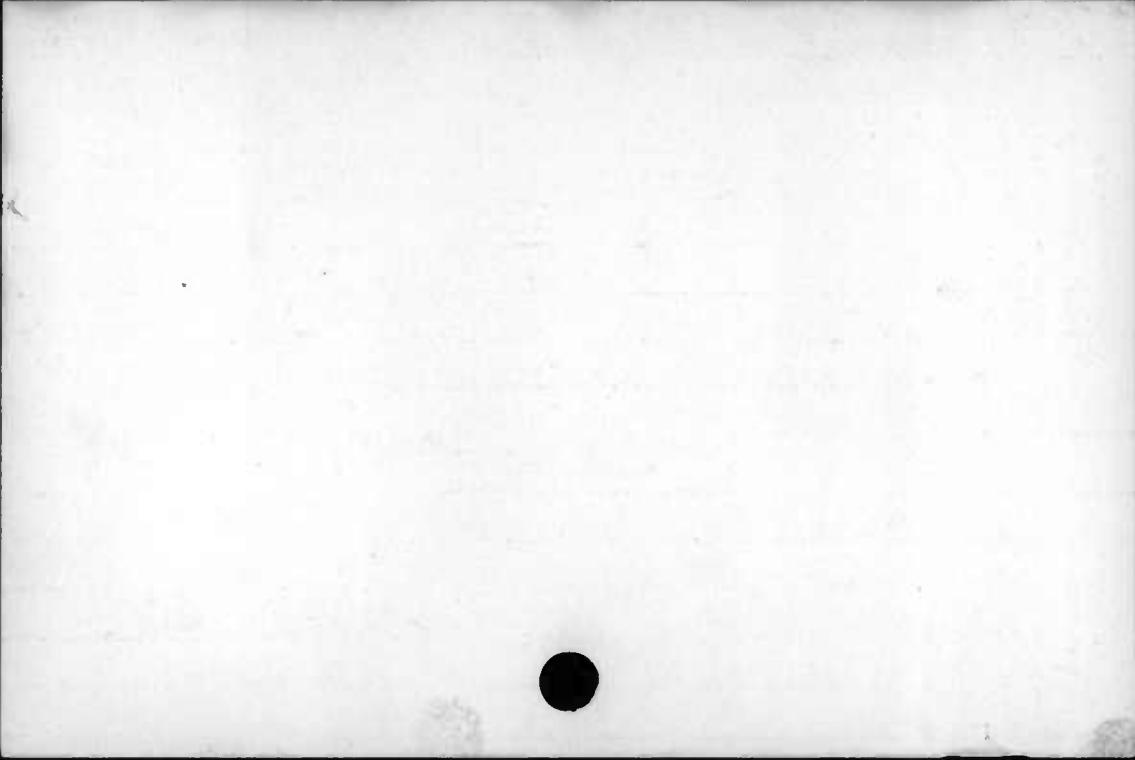
Died at <i>near Iron Hill</i>		Town <i>Acil</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>11</i>	Age	Years	Months	Days <i>8</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Wm E Briscoe</i>				Father's Birthplace <i>Del</i>			
Mother's Maiden Name <i>Eva Williams</i>				Mother's Birthplace <i>Del</i>			
Name of person giving information <i>Wm E Briscoe</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>atelectasis</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. J. Cawley</i>
		Address <i>Elkton</i>
Accident or Suicide?		<i>md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

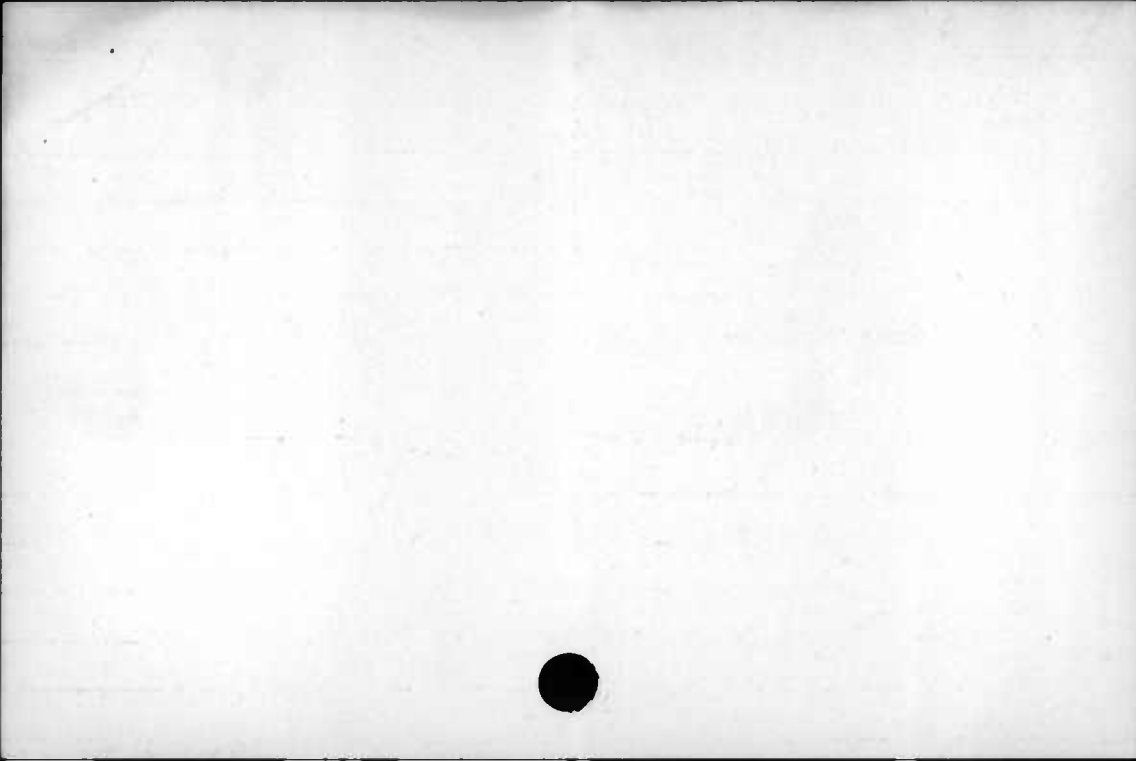
Died at		Town		County	
Cecilton		Cecil			
Date	Month	Day	Age	Years	Months
of death 1908	7	18	6	7	
Sex	Color or Race	Birth-place			
Male	White	Ind-			
Occupation	Where Residing if not at place of death				
Invalid for 3 years					
Married, Single or Widowed	Name of Wife or Husband				
Married	Mary A. Brown				
Father's Name	Father's Birthplace				
H. J. Brown	Ind				
Mother's Maiden Name	Mother's Birthplace				
Bessie Allis	Ind-				
Name of person giving information	How related to deceased				
Wm Brown	Son				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	Indeterminate
Immediate	Dropsy	How long	60 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	P. M. Black
		Address	Cecilton, Ind.
Accident or Suicide?			



Name
in
Full

Mary A. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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Died at		Town Chilids		County Becil		MARYLAND	
Date of death 1908		Month 7		Day 29		Years 64	
						Months 4	
						Days 8	
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband John A. Campbell					
Father's Name Robertson Gallaher		Father's Birthplace Unknown					
Mother's Maiden Name Ellen Campbell		Mother's Birthplace Unknown					
Name of person giving In formation Wilbur Campbell		How related to deceased Son					

CAUSES OF DEATH

43

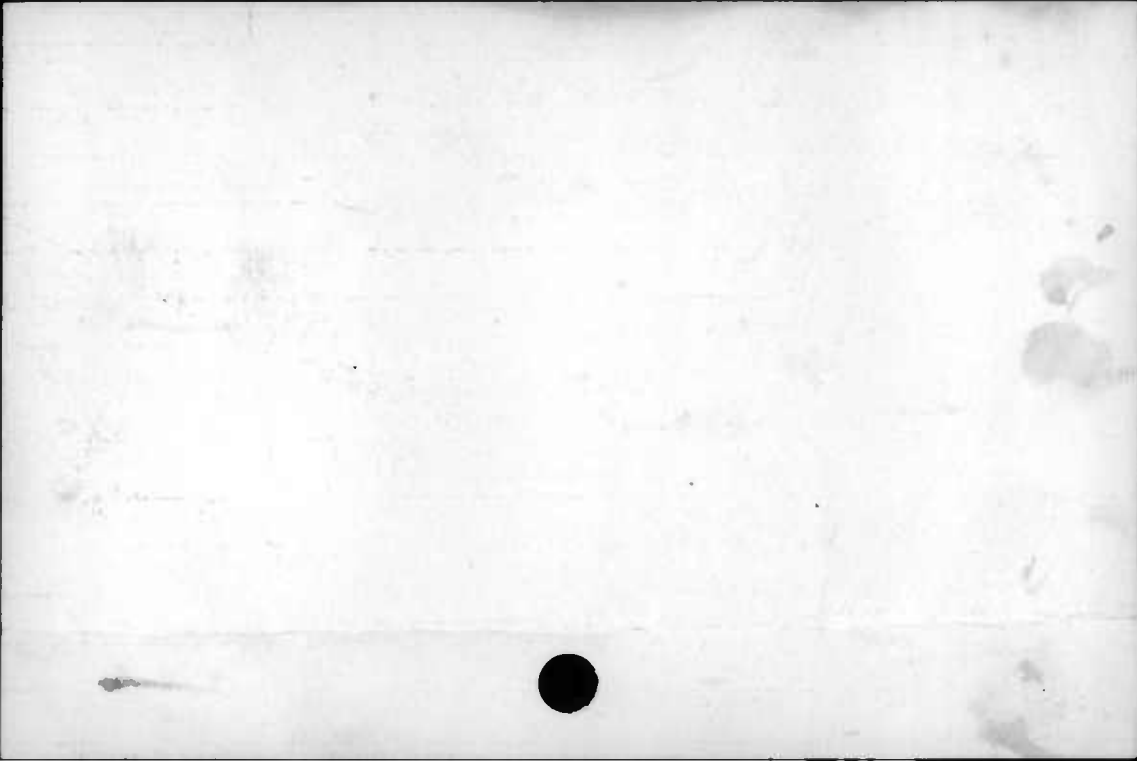
PHYSICIAN
OR CORONER

Primary Carcinoma of Breast		How long 8 mos	
Immediate Exhaustion		How long 3 weeks	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician O. P. Carrico M.D.	
		Address Cherry Hill, Md.	
Accident or Suicide?			

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Name in Full Mattie Cross		CERTIFICATE OF DEATH	
Died at Theodore Town		Cecil County	
Date of death 1908 Month July Day 20		Age 56 Years 56 Months Days 	
Sex Female		Color or Race White	
Occupation Housewife		Birth-place Penn	
Where Residing if not at place of death Theodore Cecil			
Married, Single or Widowed Married		Name of Wife or Husband John J Cross	
Father's Name Do not know		Father's Birthplace Unknown	
Mother's Maiden Name Unknown		Mother's Birthplace do not know	
Name of person giving information Husband		How related to deceased mother	
CAUSES OF DEATH			
Primary Cancer of face		44 How long 8 years	
Immediate Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above? /E		Signature of Physician B. H. H. H. H. H.	
		Address N. E. S.	
Accident or Suicide?			



Name
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Full

Margaretta Death

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

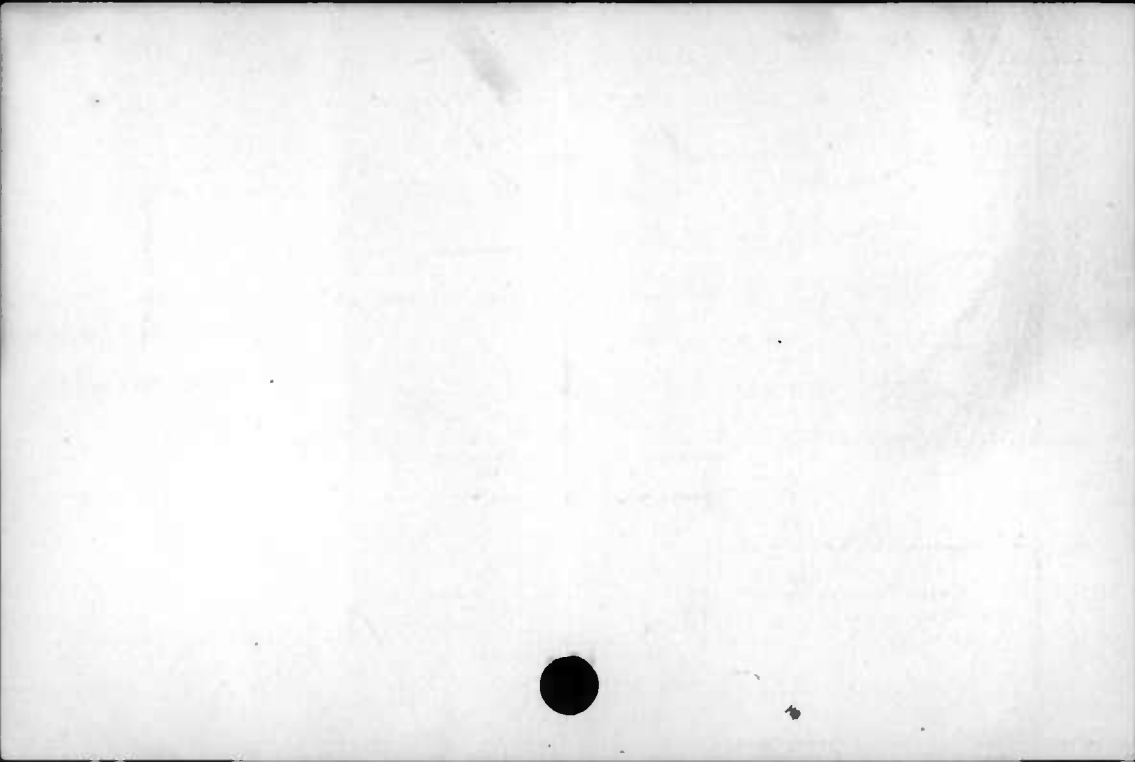
Died at ^{Town} Rowlandville Md		^{County} Cecil		MARYLAND	
Date of death	1908.	Month	July	Day	26
Age	11 years	Months		Days	
Sex	Female	Color or Race	White	Birth-place	Rowlandville
Occupation	none.	Where Residing if not at place of death Rowlandville			
Married, Single or Widowed	Single	Name of Wife or Husband none.			
Father's Name	Charles Death			Father's Birthplace	Rowlandville
Mother's Maiden Name	Lulu Boyd			Mother's Birthplace	Rowlandville
Name of person giving information	Mrs Wm H Boyd			How related to deceased	Grandmother

CAUSES OF DEATH

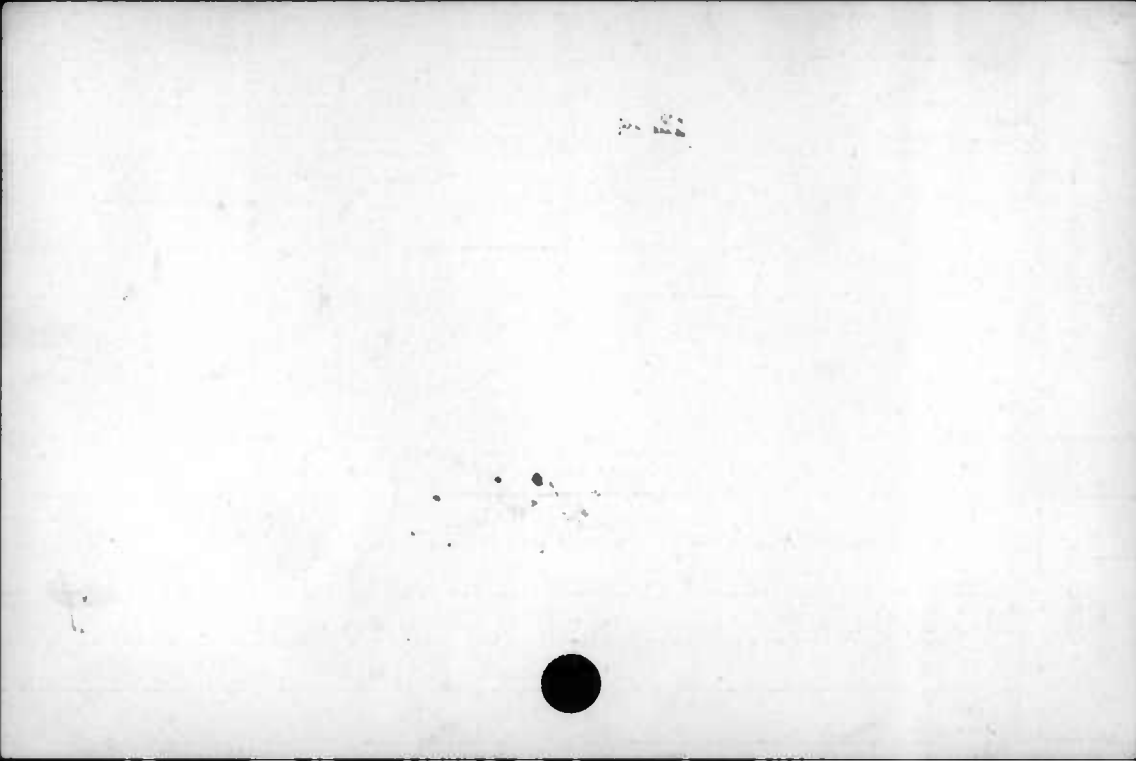
9

PHYSICIAN
OR CORONER

Primary	Diphtheria	How long	Four days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Ernest Rowland
		Address	Liberty Groor
Accident or Suicide?			Md



Name in Full		Rebecca E Hammond				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Near Woodlawn		County Cecil Co		MARYLAND	
	Date of death	1908	Month 7	Day 30	Years 1	Months 5	Days —
	Sex	Female		Color or Race	White		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed				Name of Wife or Husband		
	Father's Name	Cecil Hammond			Father's Birthplace	Cecil Co Md	
PHYSICIAN OR CORONER	Mother's Maiden Name	Alice Scatchard			Mother's Birthplace	New London Pa	
	Name of person giving information	Cecil Hammond			How related to deceased	Father	
	CAUSES OF DEATH				105		
	Primary	Dysentery			How long		
Immediate	Inanition			How long	8 days		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. E. Brown	
Accident or Suicide?		—		Address		Blythedale	



Name
in
Full

Agnes Hasher

CERTIFICATE OF DEATH

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Died at near Elkton

Town

Cecil

County

MARYLAND

Date
of death 1908

Month

July

Day

13

Age

Years

Months

21

Days

Sex female

Color or
Race

white

Birth-
place

Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Leonard Hasher

Father's
Birthplace

Unobtainable

Mother's
Maiden Name

Mary Muller

Mother's
Birthplace

Md

Name of person giving
In formation

Mrs Dennis Muller

How related
to deceased

Grandmother

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary

Tuberculosis Mesenteric glands

How long

3 mos -

Immediate

Exhaustion

How long

indefinite

Are the name, age, sex, color, date
and place correctly given above?

Yes -

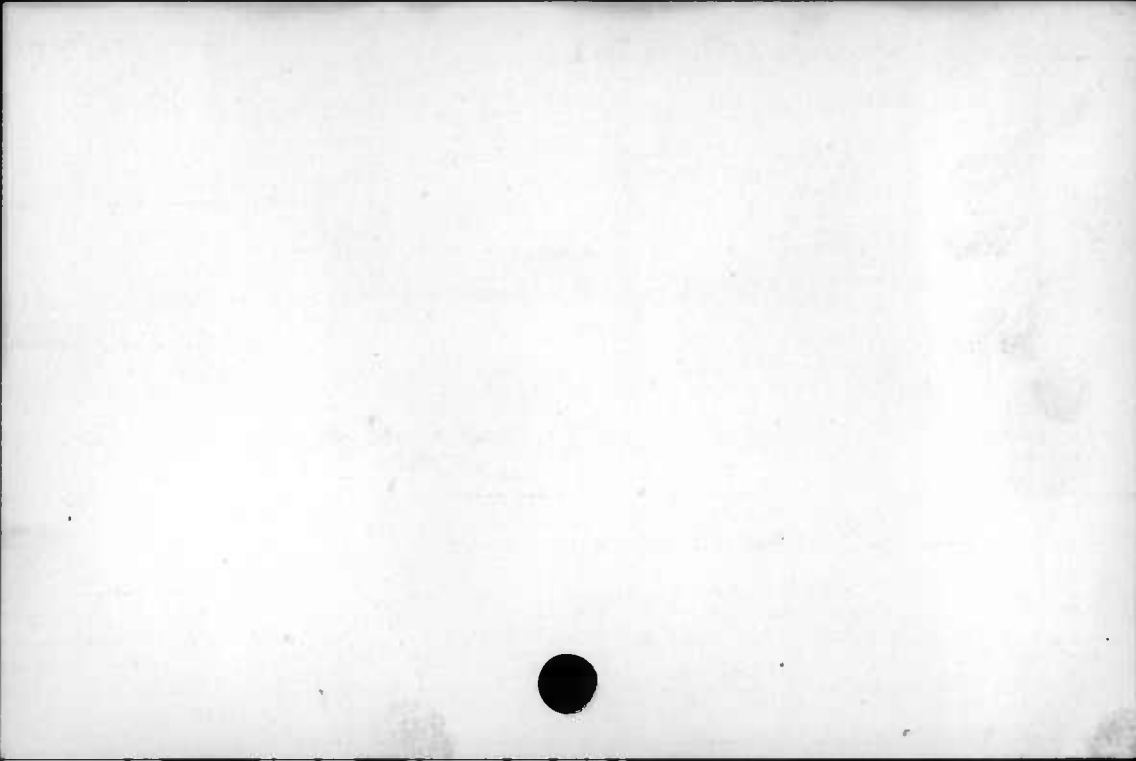
Signature of
Physician

Howard Bratten

Address

Elkton Md

Accident or Suicide?



Name
in
Full

Daniel Hawk

CERTIFICATE OF DEATH

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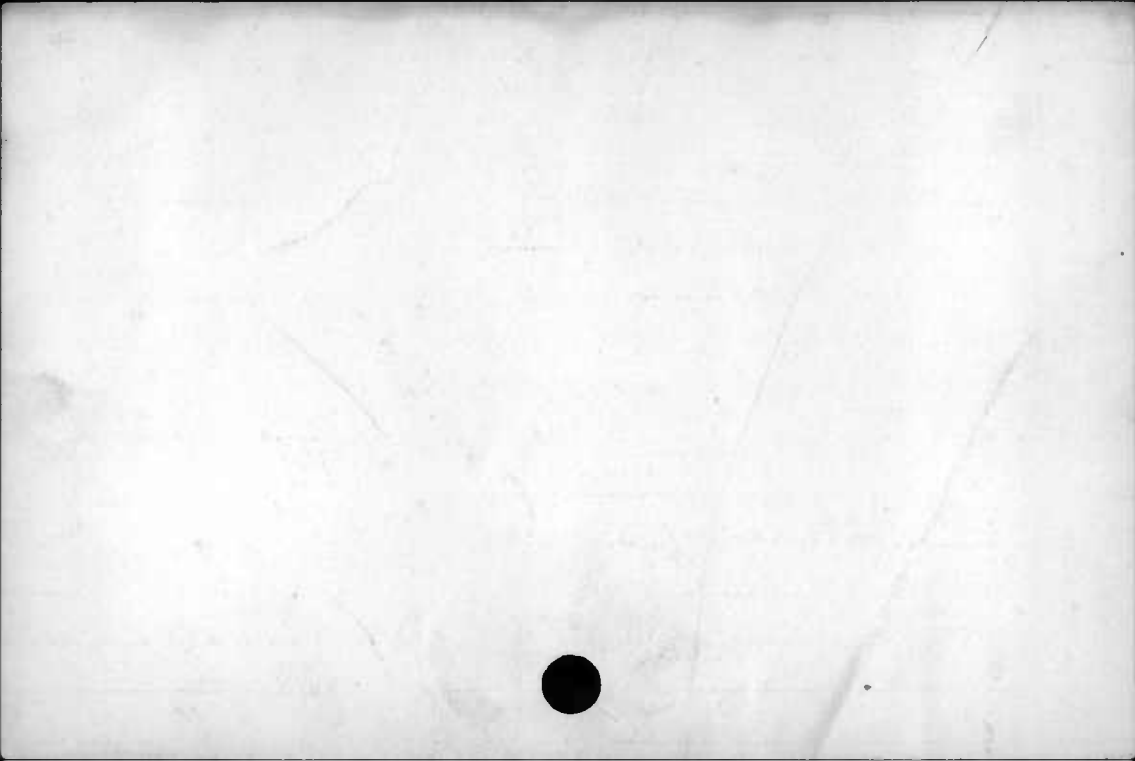
Died at		Town <i>Calver</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>7th</i>	Day <i>10th</i>	Age <i>63</i>	Months <i>4</i>	Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lancaster Pa.</i>			
Occupation <i>Labour</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Margaret Hawk</i>					
Father's Name <i>Jacob Hawk</i>				Father's Birthplace <i>Lancaster Pa.</i>			
Mother's Maiden Name <i>Mary McLaughlin</i>				Mother's Birthplace " "			
Name of person giving information <i>Margaret Hawk</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of Heart</i>	How long	<i>Four years</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Richardson</i>	
<i>yes</i>		Address <i>Calver Md</i>	
Accident or Suicide?			



Name
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Full

Deborah Hyland

CERTIFICATE OF DEATH

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NEAREST FRIEND

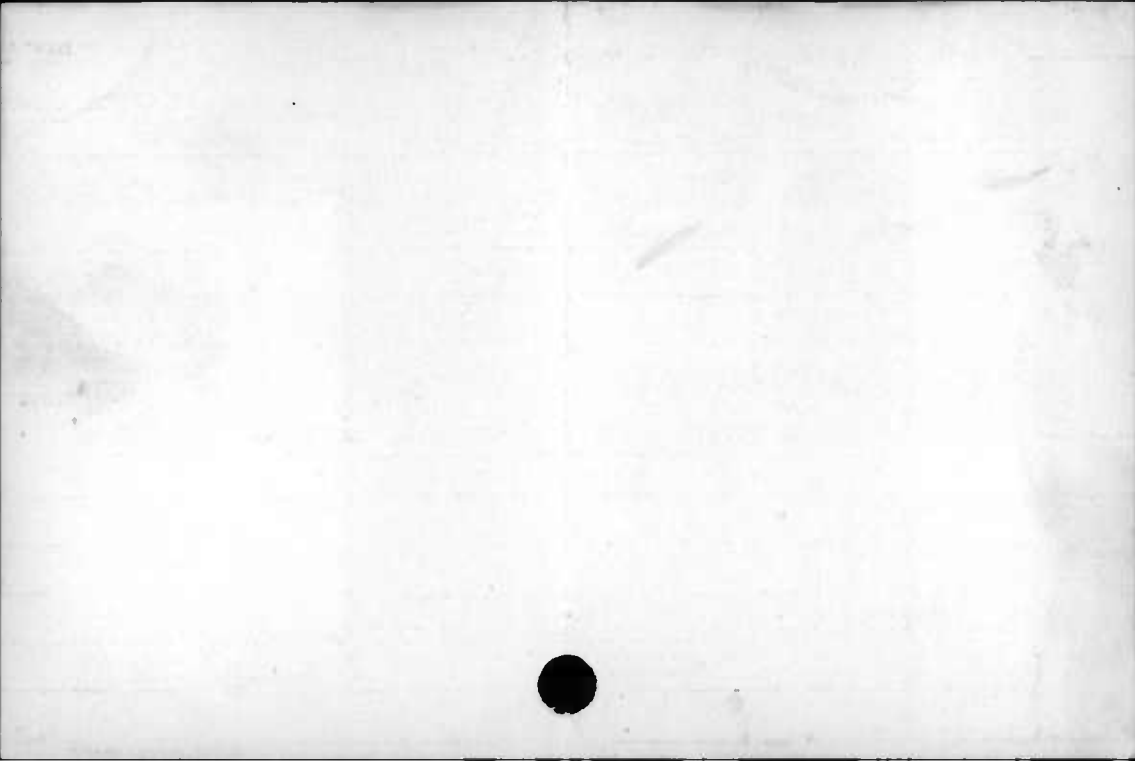
Died at		Cecilton		Cecil County		MARYLAND	
Date of death	1908	Month	7	Day	31	Years	44
Sex	Female		Color or Race	Black		Birth-place	Ind-
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Isaac Gillman				Father's Birthplace	Ind-	
Mother's Maiden Name	Henrietta Anderson				Mother's Birthplace	Ind-	
Name of person giving information	L. J. Wallie				How related to deceased	Sister	

CAUSES OF DEATH

40

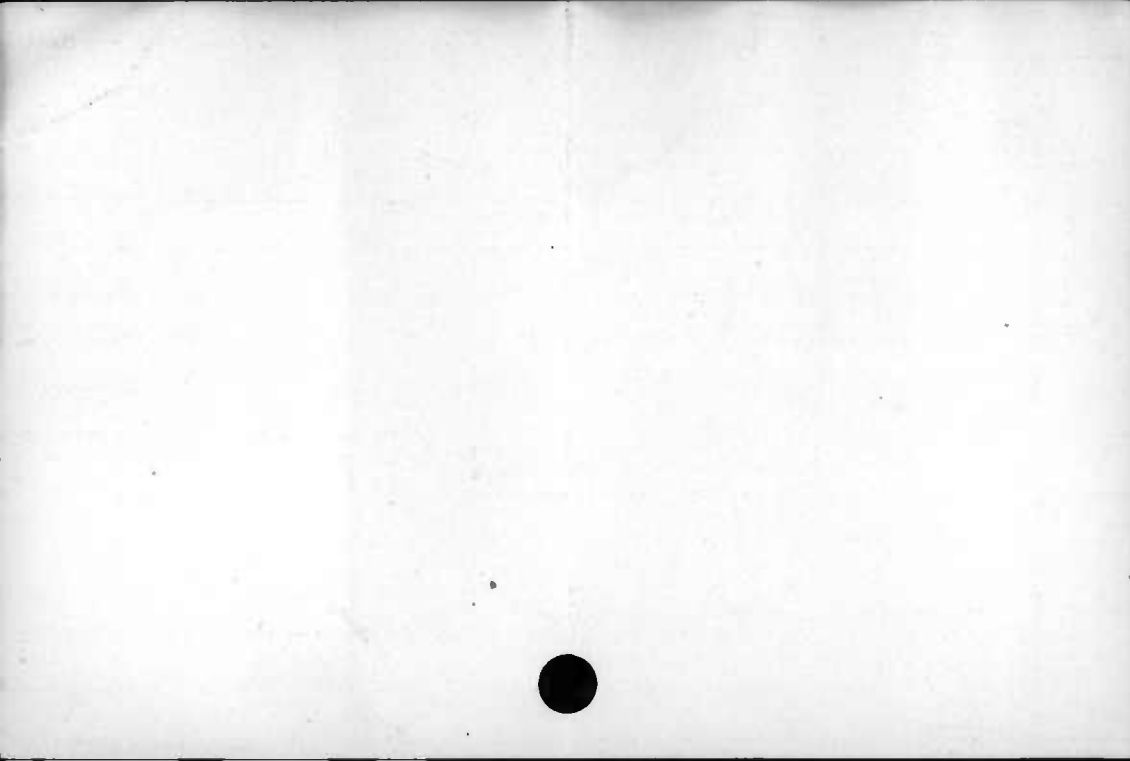
PHYSICIAN
OR CORONER

Primary	Cancer of stomach	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		E. M. Grantfort Lumberton Ind	



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cecilton</u> ^{Town}		<u>Cecil</u> ^{County}		
		Date of death <u>1908</u>		Month <u>7</u>	Day <u>20</u>	Age <u>—</u> Years
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		
FATHER'S NAME <u>Joseph Hyman</u>		FATHER'S BIRTHPLACE <u>Md</u>				
		MOTHER'S MAIDEN NAME <u>Mabel Forsythe</u>				
		MOTHER'S BIRTHPLACE <u>Del</u>				
NAME OF PERSON GIVING INFORMATION <u>Joseph Hyman</u>		HOW RELATED TO DECEASED <u>Father</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Cholera - Infantum</u>		How long <u>24 hours</u>		
		Immediate <u>—</u>		How long <u>—</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>ye</u>		Signature of Physician <u>R. M. Black</u>		
		Address <u>Cecilton</u>		Md		
Accident or Suicide? <u>—</u>						

105



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Kelly*

Town *Perryville* County *Carroll*

Died at *Perryville*

Date of death 1908 *7* Month *12* Day *12* Age *Unknown* Years *Unknown* Months *Unknown* Days *Unknown*

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Unknown* Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Unknown* How related to deceased *Unknown*

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary *Sun stroke* How long *Unknown*

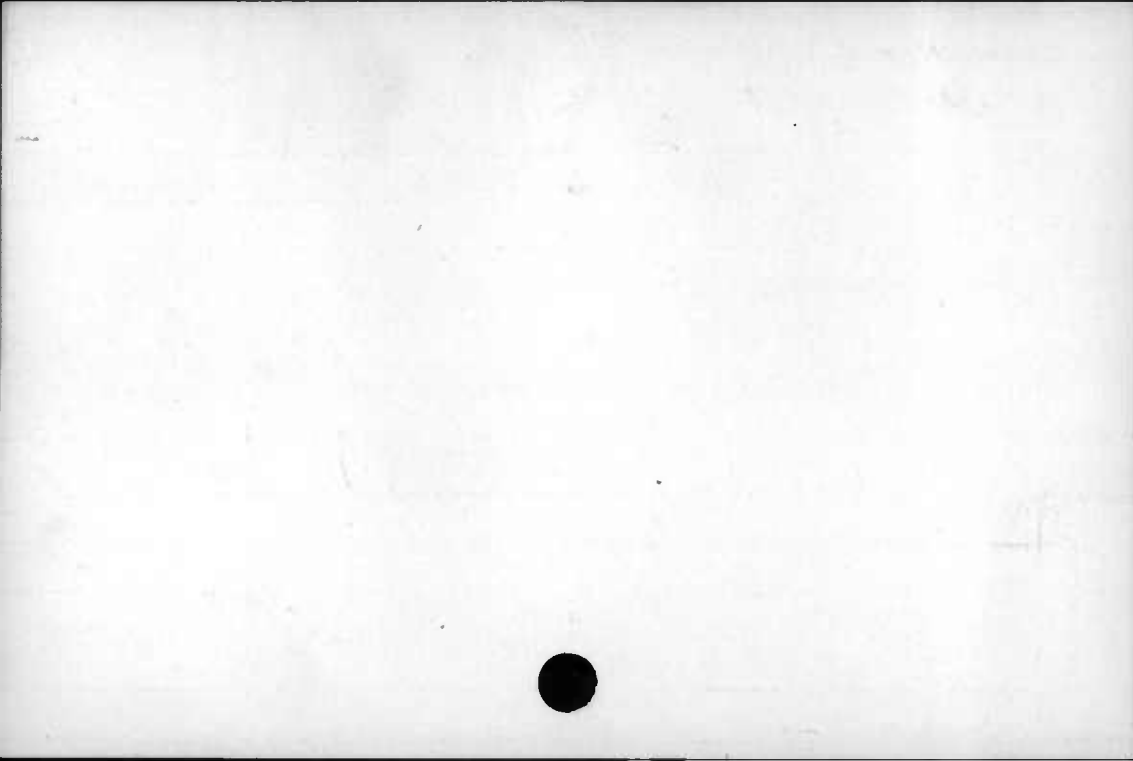
Immediate *Unknown* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank Hager*

Address *Section*

Accident or Suicide? *9*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

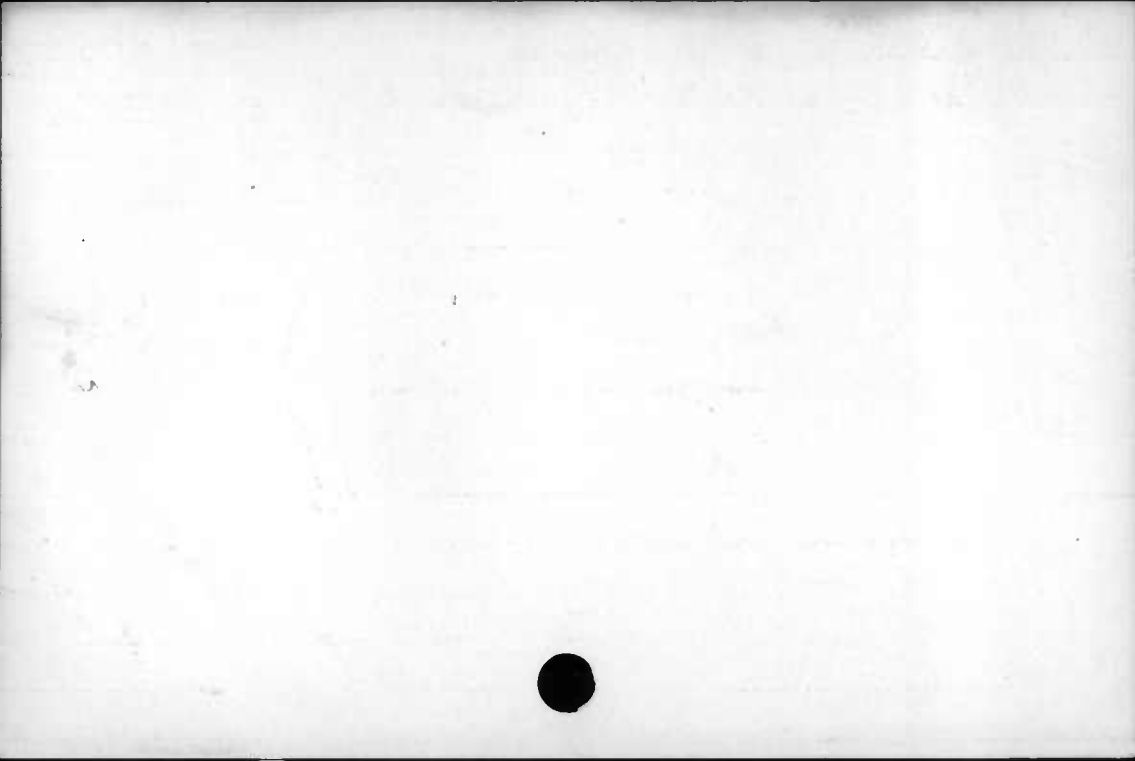
Name in Full <i>Thomas Bravich</i>		Town <i>Jackson Station</i>		County <i>Pecil</i>		MARYLAND	
Died at <i>Jackson Station</i>		Month <i>7</i>		Day <i>24</i>		Age <i>24</i>	
Date of death <i>1908</i>		Months		Years		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Don't know</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Killed by train</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Frank Foster</i>	
9		Address <i>Exton</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James A. Saurmon

Died at ^{Town} *Roadville Md*^{County} *Cecil*

MARYLAND

Date
of death *1908*Month
*July*Day
27

Age

Years
*16*Months
*11*Days
9

Sex

*male*Color or
Race*white*Birth-
place*Cambridge Md*

Occupation

*farm work*Where Residing if not
at place of death*Roadville*Married, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*A. J. Saurmon*Father's
Birthplace*Lynden Md*Mother's
Maiden Name*Maggie Taylor*Mother's
Birthplace*Seaford Del*Name of person giving
information*A. J. Saurmon*How related
to deceased*Brother*

CAUSES OF DEATH

123

Primary

*Chronic Cerebral
Heart Failure*

How long

3 yrs

Immediate

How long

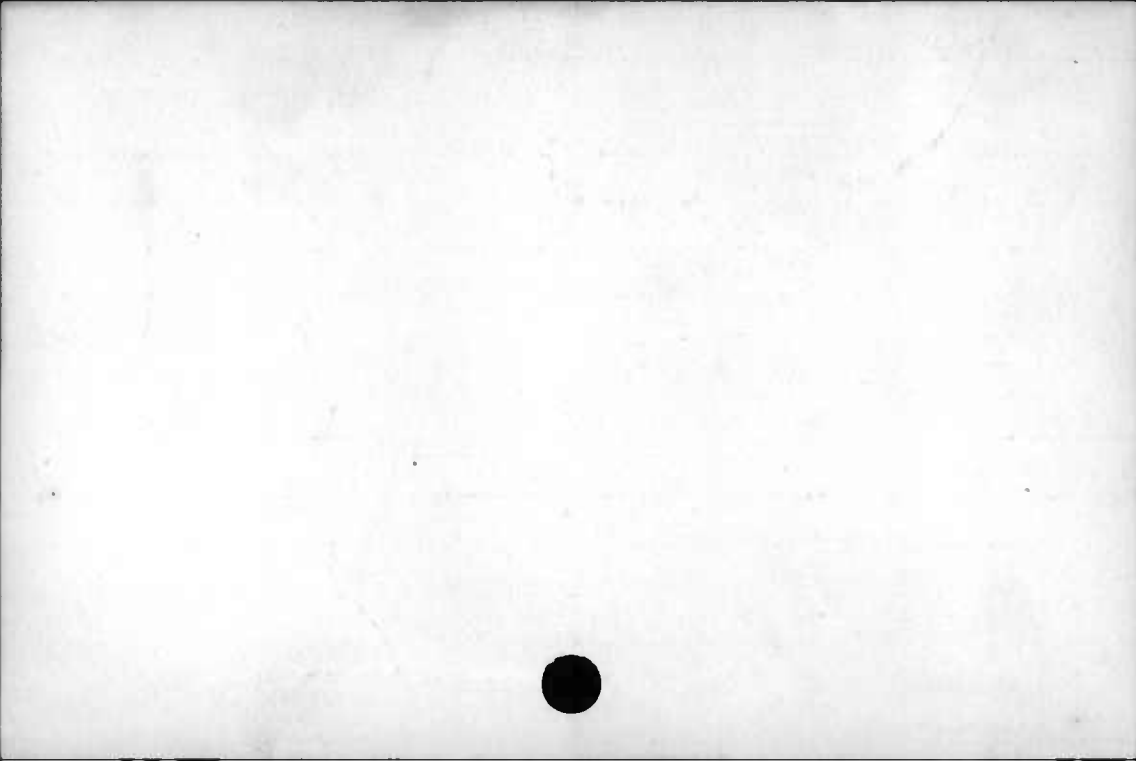
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*W. G. Jack MD
Liberty Gro. Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER



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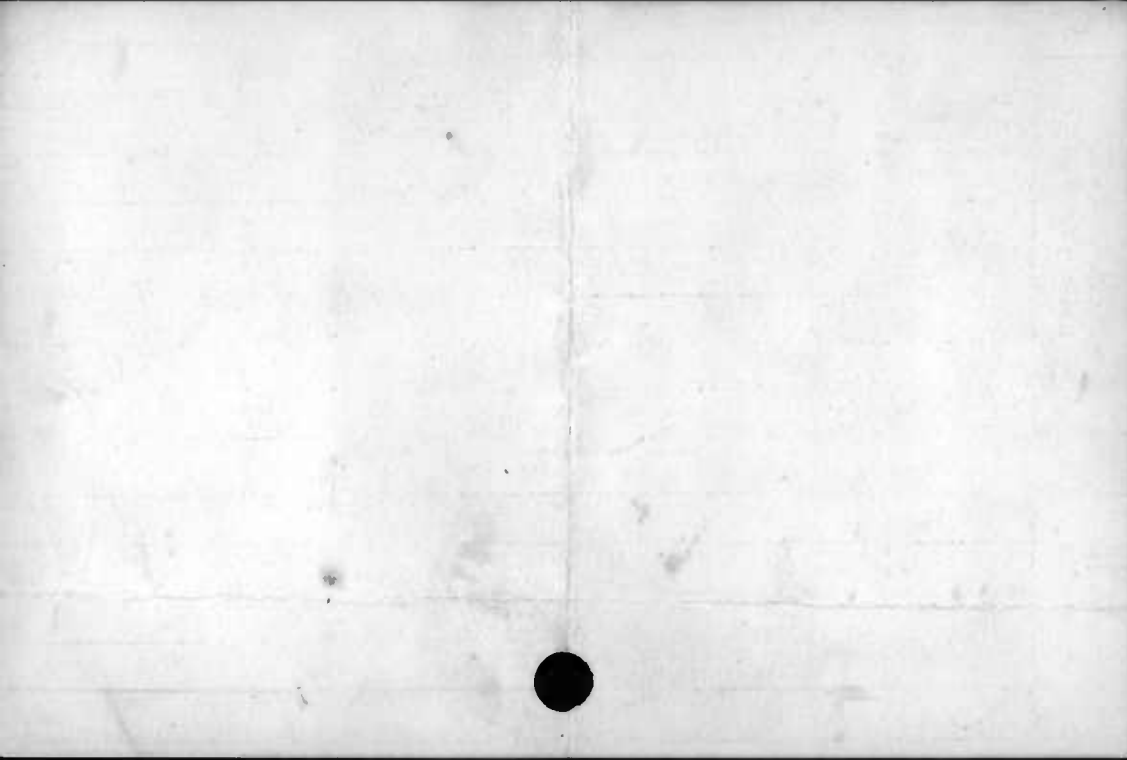
Died at <i>Elk Neck</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1908	Month	July	Day	7
Age		57		Months	13
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Elk Neck</i>				
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Nichia McDowell</i>		
Father's Name	<i>James W. Clarke</i>			Father's Birthplace	<i>Elk Neck</i>
Mother's Maiden Name	<i>Rebecca Crouch</i>			Mother's Birthplace	<i>Elk Neck</i>
Name of person giving information	<i>W. J. McDowell</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

143

PHYSICIAN
OR CORONER

Primary	<i>Carbuncle</i>	How long	<i>Three weeks</i>
Immediate	<i>Blood poison</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. F. Hannick</i>	
Accident or Suicide?		Address	
		<i>North East Md</i>	



Name
in
Full

Elizabeth Miller


CERTIFICATE OF DEATH

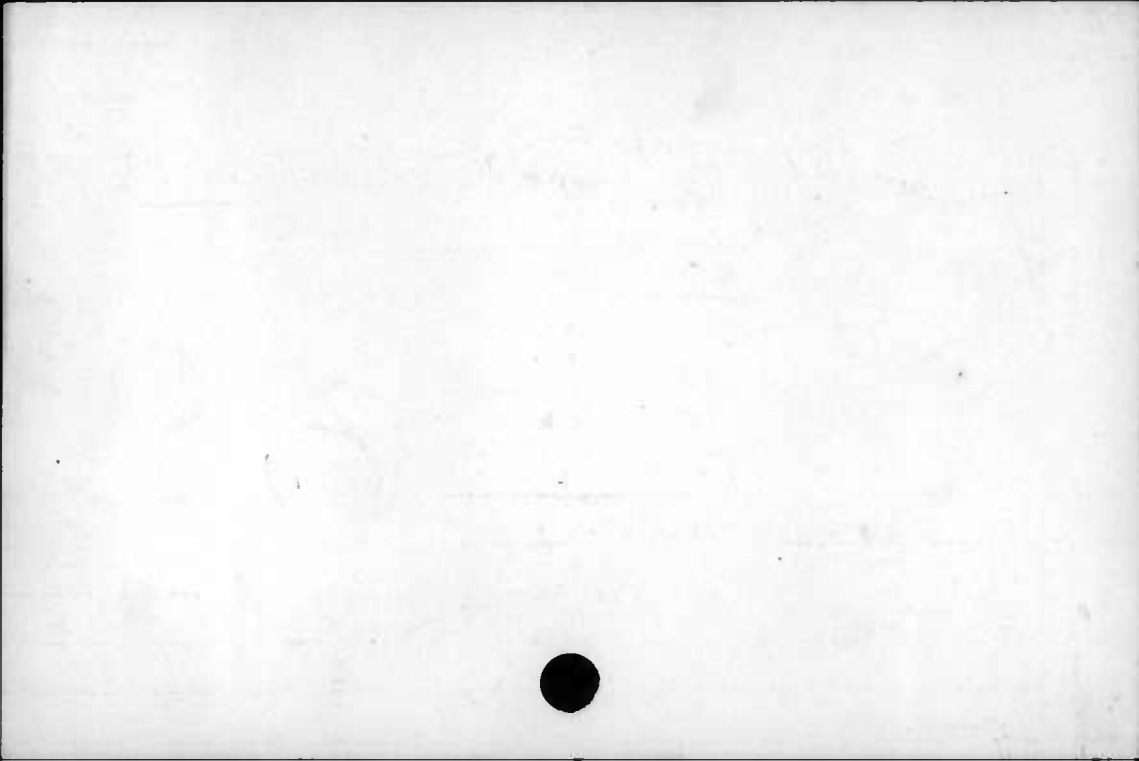
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Elkton		County Carroll		MARYLAND	
Date of death	1908	Month July	Day 14	Age	5 ^{Years} 6	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Wich
Occupation	House Woman			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband John Miller				
Father's Name	Alexander Wallace				Father's Birthplace Unknown		
Mother's Maiden Name	Elizabeth Grenich				Mother's Birthplace Maryland		
Name of person giving In formation	John Miller				How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage		(64)	How long	24 hr
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Harrison Mitchell MD	
			Address	Elkton Md	
Accident or Suicide?					



Name in Full		Hilda Jane Peterman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Childs		County		Cecil
	Date of death		1908	Month 7	Day 18	Age	Years 6 Months 7 Days -
	Sex		female		Color or Race		white
	Occupation		-		Birth-place		Childs Md.
	Married, Single or Widowed		Single		Name of Wife or Husband		-
	Father's Name		Robert Peterman		Father's Birthplace		Leeds Md.
PHYSICIAN OR CORONER	Mother's Maiden Name		Margaret Rose		Mother's Birthplace		Union Md.
	Name of person giving information		Robert Peterman		How related to deceased		Father
	CAUSES OF DEATH						10.6
	Primary		Acute Bacterial Enteritis		How long		3 days
Immediate		Meningitis (?)		How long		2 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Allerton Mitchell MD	
Address		-		Address		Elkton Md.	
Newspaper Suicide?		-					

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Name
in
Full

Susanna Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

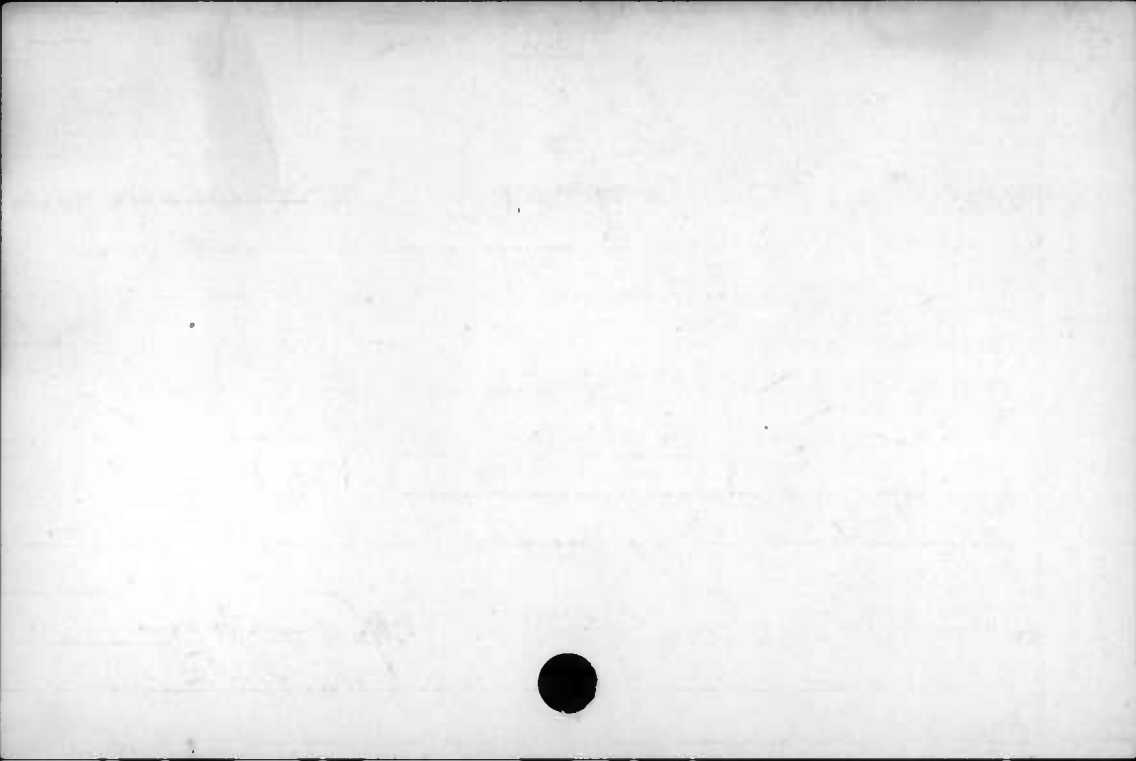
Died at ^{Town} <i>Near Woodlawn</i>		^{County} <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>30</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Principio Furnace Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Theodore Reed</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Rosanna Rice</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Theodore Reed</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long
Immediate <i>Induration</i>	How long <i>2 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Brown</i>
<i>9</i>	Address <i>Blythedale</i>
Accident or Suicide? <i>—</i>	



**TO BE ANSWERED BY
NEAREST FRIEND**

PHYSICIAN
OR CORONER

MARYLAND

How related
to deceased

CAUSES OF DEATH

172

How long

Immediate

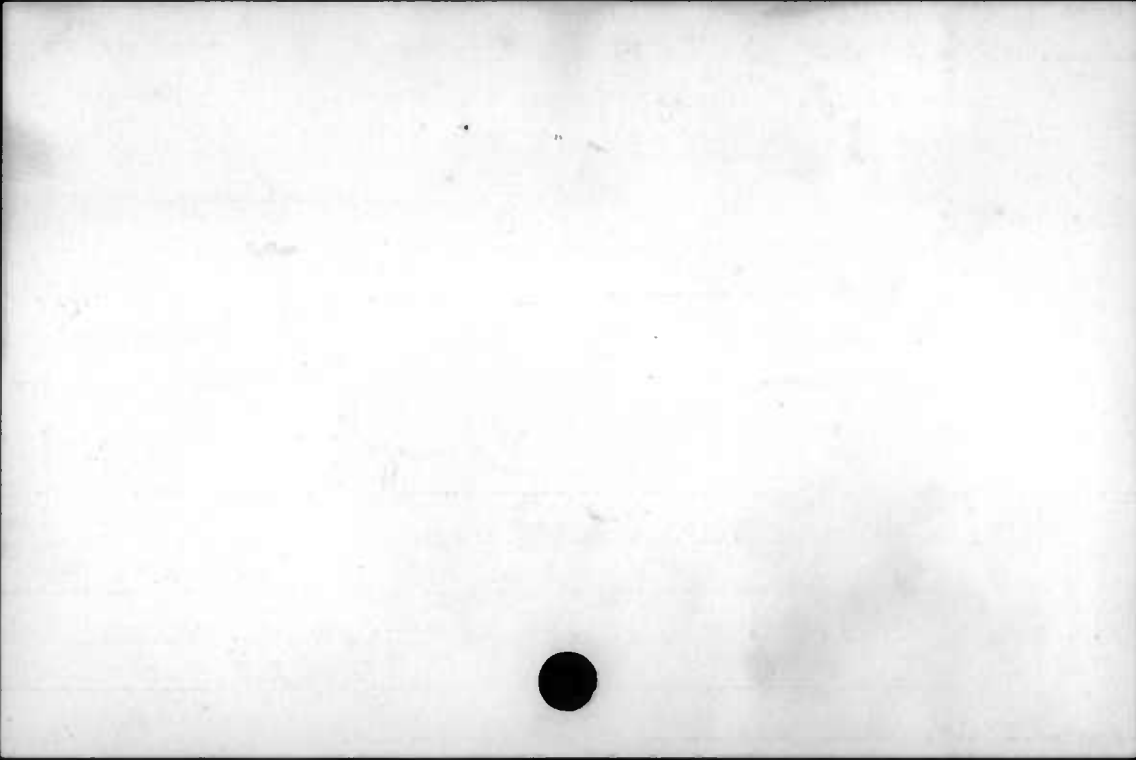
How long

Are the name, age, sex, color, date
and place correctly given above? **4**

Signature of Physician *J. H. Hays*

Address

Accident or Suicide? Accident



Name
in
Full

William P. Rowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

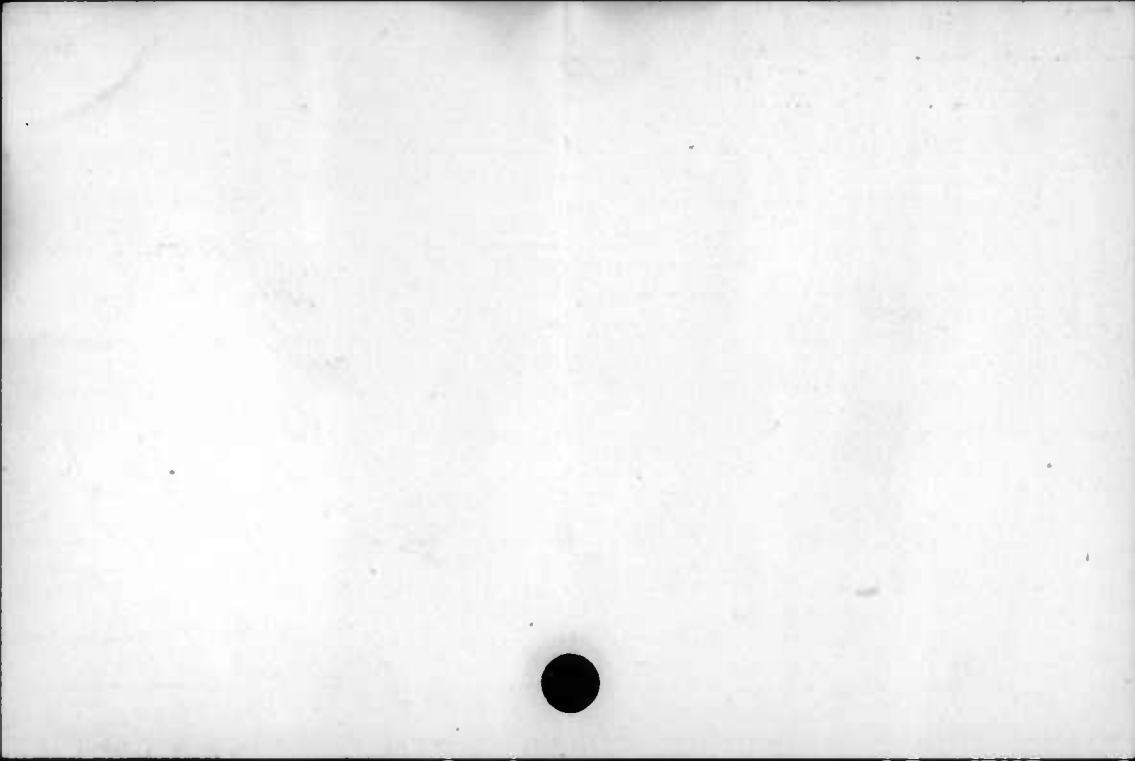
Died at		Town near Earleville		County Cecil		MARYLAND	
Date of death		1908	Month July	Day 26	Age 68	Years —	Months 18
Sex		Male		Color or Race		White	
Occupation		Farmer		Birth- place		Del.	
Where Residing If not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Jennie E Rowan	
Father's Name		Henry Rowan		Father's Birthplace		Del.	
Mother's Maiden Name		Mary Ann McBay		Mother's Birthplace		Del.	
Name of person giving In formation		J. C. Rowan		How related to deceased		Son	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	7 days
Immediate	Uremia	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. H. Brant	
		Address	
		Locelltown	
Accident or Suicide?		md	



Name
in
Full

Helen C. Schaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Elkton* ^{Town} *Cecil* ^{County}

MARYLAND

Date of death 1908 ^{Month} 7 ^{Day} 23 Age ^{Years} - ^{Months} 8 ^{Days} -Sex *Female* Color or Race *white* Birth-place *Elkton Md*Occupation *-* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *-*Father's Name *William Schaffer* Father's Birthplace *Md.*Mother's Maiden Name *Mamie Corbideau* Mother's Birthplace *Md.*Name of person giving information *Wm Schaffer* How related to deceased *Father*

CAUSES OF DEATH

105

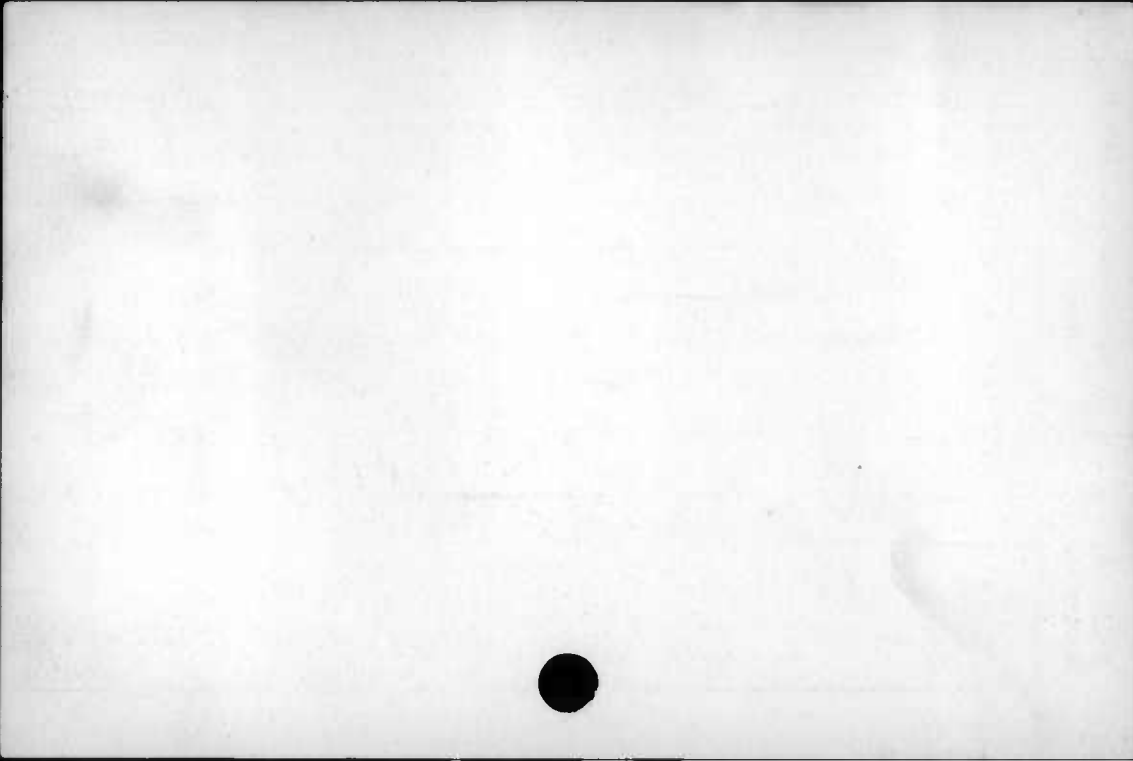
Primary *Enteric Colitis* How long *1 wk*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Harvey Mitchell
Elkton Md.

Accident or Suicide?



Name
in
Full

Laura Elizabeth Smith

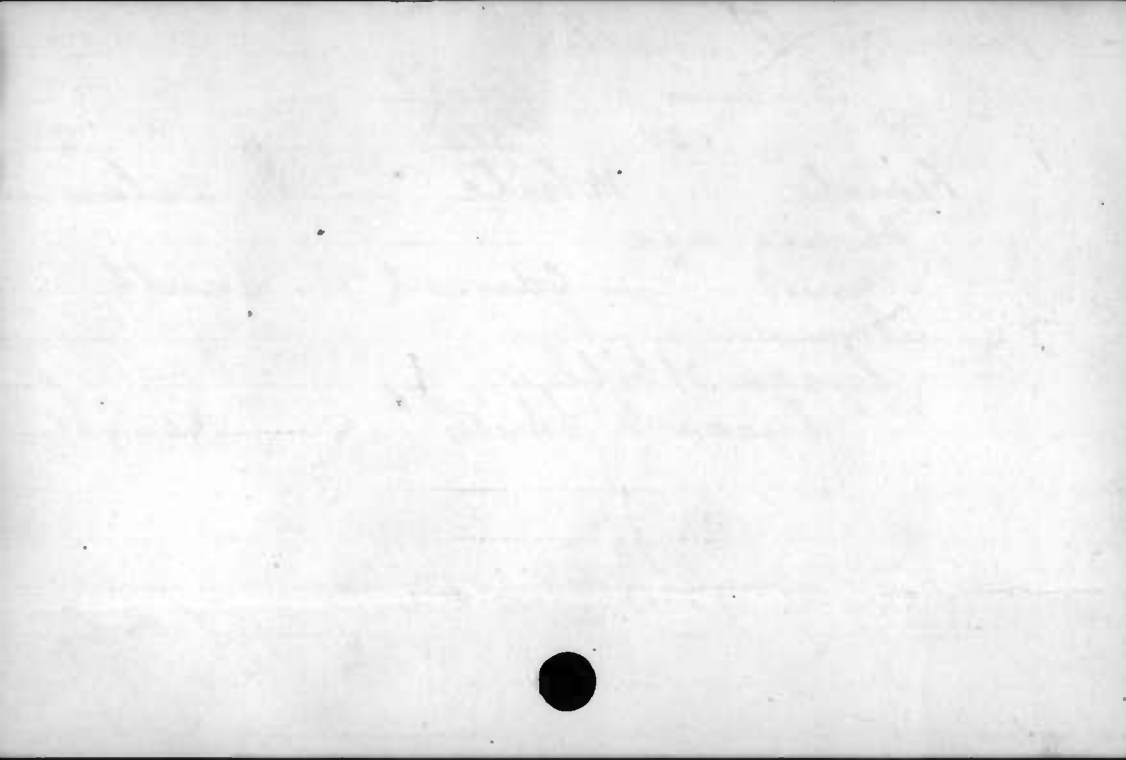
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charleston</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>2</i>	Age <i>31</i>	Months <i>7</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charleston W. Va.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>Charleston W. Va.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Jessie W. Smith</i>	Father's Birthplace <i>Charleston W. Va.</i>				
Mother's Maiden Name <i>Annie Singers</i>	Mother's Birthplace <i>Cecil Co., Md.</i>				
Name of person giving information <i>Annie Smith</i>	How related to deceased <i>Mother</i>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH		135
Primary <i>Chief Burn</i>	How long <i>2 hours</i>	
Immediate <i>Hemorrhage</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. A. [unclear]</i>	
	Address <i>W. Va.</i>	
Accident or Suicide?		



Name
in
Full

Hannah G. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

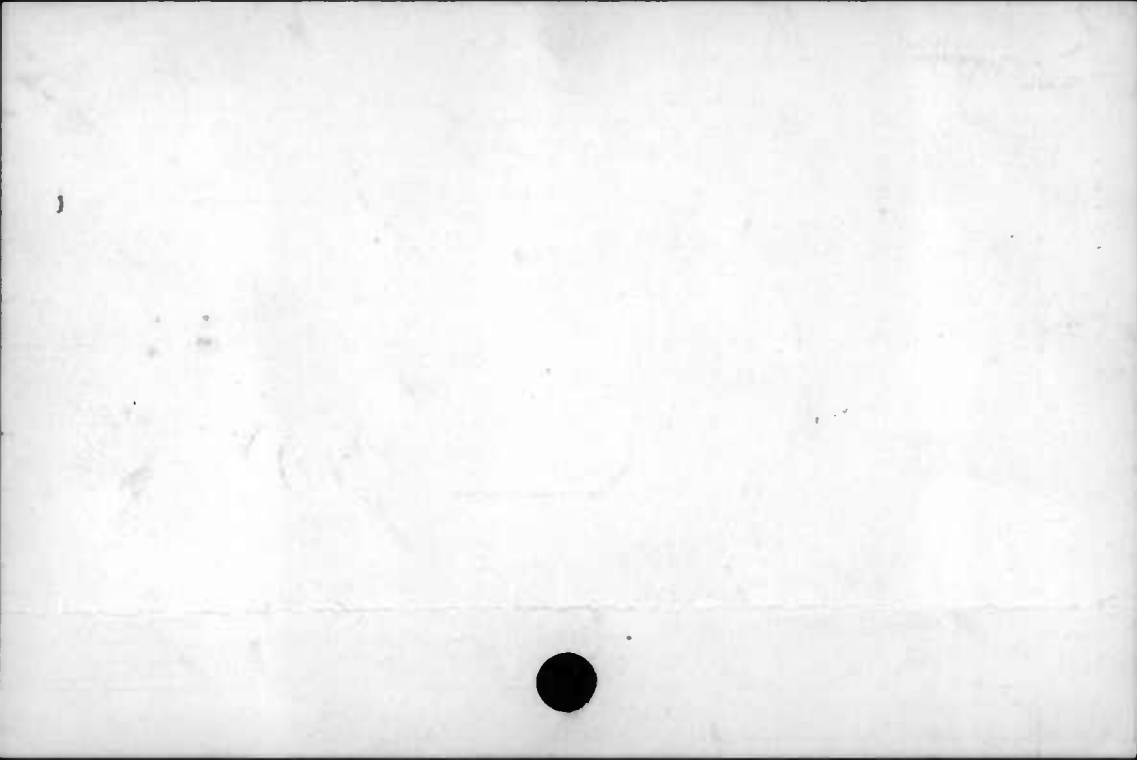
Died at		Town <i>Bay View</i>		County <i> Cecil</i>		MARYLAND	
Date of death	1908	Month	July	Day	24	Age	59
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth-place		Delaware	
Where Residing if not at place of death							
Married, Single or Widowed	Married	Name of Wife or Husband <i>Edward B. Smith</i>					
Father's Name	<i>Alexander Guthrie</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Susan Whibley</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Susan G. Smith</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Phthisis</i>	How long	<i>5 yrs</i>
Immediate	<i>Of quins & heart trouble</i>	How long	<i>six weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>D. L. Gifford</i>
		Address	<i>Greenwood</i>
Accident or Suicide?			



Name
in
Full

Rebecca J. Valentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Addora</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>14</i>	Years <i>About 75</i>	Months		Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Penna.</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Widow Husband <i>W. Gibson Valentine</i>					
Father's Name <i>—</i>		<i>Unknown</i>		Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>—</i>		<i>not known</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>J. S. Valentine</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	How long	<i>2 years</i>
Immediate	<i>Dilated Heart</i>	How long	<i>2 mts</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. J. Carrico M.D.</i>	
Yes		Address <i>Cherry Hill</i>	
Accident or Suicide?		<i>No</i>	

606



Name in Full		Susanna Walls				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canal Station		County		Es	
	Date of death		1908	Month	July	Day	6
	Age		78	Years	8	Months	18
	Sex	Female	Color or Race	White	Birth-place	Canal Es	
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed		Widow	Name of Wife or Husband		William Walls	
	Father's Name	John Todd		Father's Birthplace	Unknown		
	Mother's Maiden Name	Margaret Mc Britton		Mother's Birthplace	Unknown		
Name of person giving information		Nellie Todd		How related to deceased		Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Carcinoma of Stomach				How long	6 mo.
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Liberty Groves Md		
Accident or Suicide?							



Dr E Rowland
Libby. Trust
and

Name
in
Full

William M. Hay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Richardemere		County Beech		MARYLAND	
Date of death	1908	Month July	Day 15	Age	Years 84	Months	Days
Sex	Male		Color or Race	White		Birth- place	Penn.
Occupation	No			Where Residing if not at place of death Richardemere			
Married, Single or Widowed	Widowed		Name of Wife or Husband Mary Hay				
Father's Name	Thomas Hay					Father's Birthplace	Penn
Mother's Maiden Name	Lydia Moore					Mother's Birthplace	Penn
Name of person giving Information	Leicester H. Hay					How related to deceased	Son

CAUSES OF DEATH

Immediate -

Primary

Gastro Intestinal

106

How long

Two weeks

Immediate

Primary: Paralysis (one side) -

How long

several years.

Are the name, age, sex, color, date
and place correctly given above?

Yes

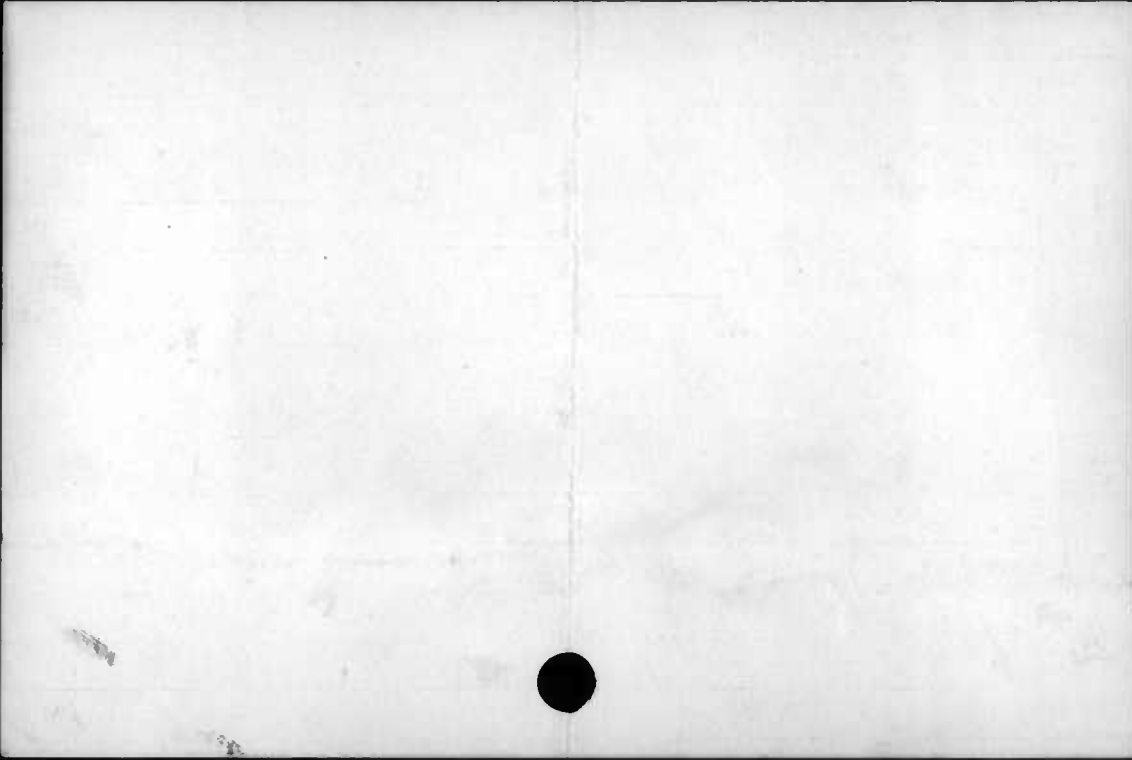
Signature of
Physician

Address

J. A. Peoples,
Kirk's Mills Pa.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Ella Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

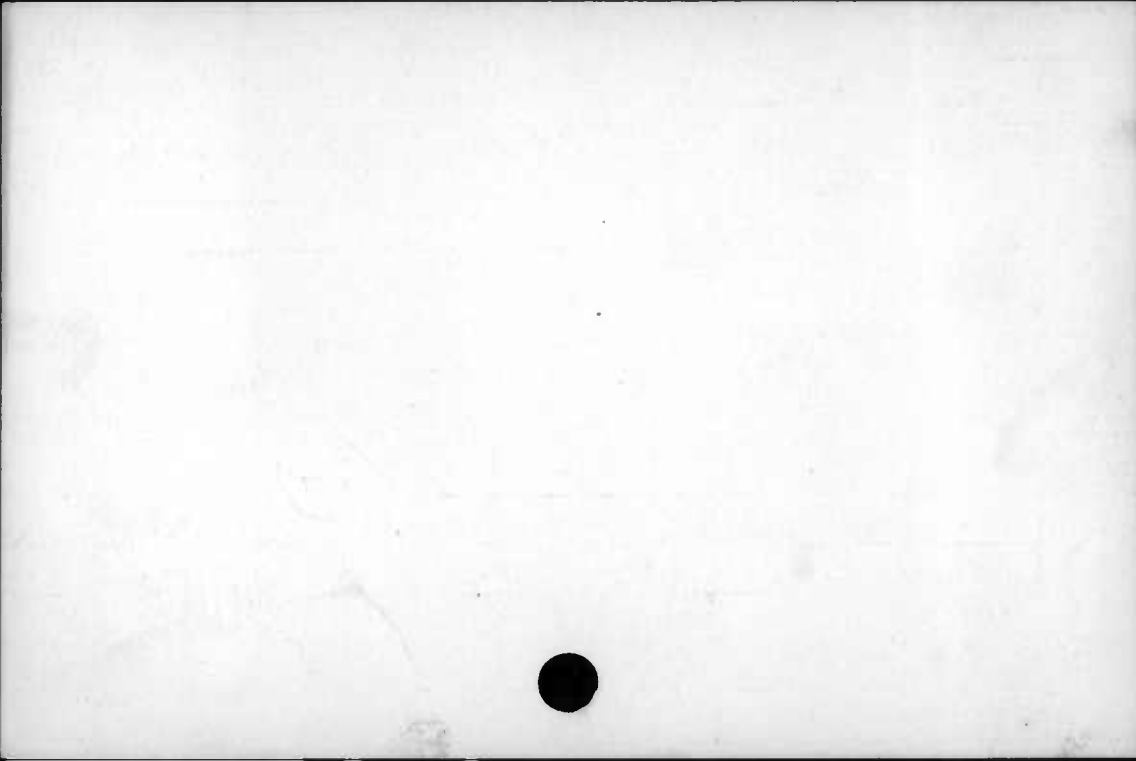
Died at		Town Elkton		County Carroll		MARYLAND	
Date of death	1908	Month July	Day 16	Age 60	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	Unknown			
Father's Name	Henry Lloyd				Father's Birthplace	Ind	
Mother's Maiden Name	Not representative				Mother's Birthplace	Unknown	
Name of person giving In formation	Mrs John Clough				How related to deceased	Daughter	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	14
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm D Hawley
		Address	Elkton Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Alice Myrtle Gocum

Died at Childs TownCounty CecilDate of death 1908 July MonthDay 14Age 21 YearsMonths 10Days 21Sex FemaleColor or Race whiteBirth-place Cecil Co MdOccupation BookkeeperWhere Residing if not at place of death -Married, Single or Widowed singleName of Wife or Husband -Father's Name Joseph D GocumFather's Birthplace Chester Co PaMother's Maiden Name Catherine SpenceMother's Birthplace Cecil Co MdName of person giving information Raymond GocumHow related to deceased Brother

CAUSES OF DEATH

Primary Tuberculosis of LungsHow long 11 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician H. Arthur Mitchell M.D.Address Elkton, Md.PHYSICIAN
OR CORONER

Accident or Suicide?

018

